

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10/521414

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/	2				
8	1	1				
9	1	1				
10	1	1				
11	1	1				
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/	2				
19	1	1				
20	1	1				
21	1	1				
22	1	1				
23	1	1				
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50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	22		←	←	←	←
TOTAL CLAIMS	24					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS						